



GWYNETH'S GIFT FOUNDATION AED FUNDING APPLICATION

Type of Facility: Public School Private School Business Other: _____

Facility Requesting AED: _____

Contact Person and Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____ Fax: _____

What is the number of people served at this location? Daily: _____ Monthly: _____ Annually: _____

Are you a Title I school? YES NO

Do you currently have an AED at this location? YES NO If yes, how many: _____

If you have an AED, please list the make and model: _____

Is your school district or institution required to work with a specific AED manufacturer? If so, please explain requirements:

Site for intended AED (should be visible & accessible during hours of operation): _____

Explain who provides maintenance and how the AED will be monitored for proper operation: _____

Do you have staff members trained in CPR & the use of an AED? YES Number of trained staff: _____

NO When will training occur? _____

Distance to nearest hospital: _____

PLEASE MAIL COMPLETED APPLICATION & ANY SUPPORTING DOCUMENTATION TO:

**Gwyneth's Gift Foundation
AED Funding
P.O. Box 690
Garrisonville, VA 22463**

You will be contacted by a representative from Gwyneth's Gift Foundation regarding your AED application. To be accepted as an AED recipient, you must sign our AED Acceptance Agreement. A requirement for receiving an AED is registering the device with your school district and/or local EMS.

FOR GWYNETH'S GIFT FOUNDATION USE ONLY:

Date Application received _____ Date Processed _____

Review Comments _____

Date Distributor Notified _____ Date AED Delivered _____



GWYNETH'S GIFT FOUNDATION AED FUNDING ACCEPTANCE AGREEMENT

PLEASE INITIAL EACH BOX

I understand that Gwyneth's Gift Foundation will provide funding to a distributor of their choice for the purchase of an AED.

I understand that Gwyneth's Gift Foundation will provide funding for the purchase of (1) Automated External Defibrillator (AED), (1) set of Adult size pads and (1) set of child size pads. Purchase of any other AED accessories will be at cost to myself.

I understand that the facility/organization receiving the AED from Gwyneth's Gift Foundation will be responsible for implementing an ongoing maintenance routine for the AED.

I understand that the adult and child size pads must be replaced after one use.

I understand that the AED must be registered with local EMS within 48 hours of installation.

I understand that after the AED is installed, information regarding its location and use will be provided to all current and future employees.

I understand that by signing this agreement I stipulate that I am the authorized representative to legally bind this organization.

Applicant acknowledges that the Gwyneth's Gift Foundation has not and will not be providing any medical advice regarding the AED to be purchased.

Applicant Signature: _____

Date: _____

Print Name: _____

Title: _____